## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90074 004 \*\*\*150.00

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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Zip

## DOCUMENT # P98000048554 STEVE BRANT'S ROOFING, INC.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

DIN<sub>0</sub>

Not Applicable

Mailing Address Principal Place of Business 602 GARRISON AVE. 602 GARRISON AVE. PORT ST. JOE FL 32456 PORT ST. JOE FL 32456

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Country

9. Name and Address of Current Registered Agent

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/26/1998

59-3515754

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

UU3	HIN, UTARLES A		82							
413 WILLIAMS AVE. ————————————————————————————————————				Street Addr	ress (P.O. Box Number	is Not Acceptable)	-			
POR	T ST. JOE FL 32456		83							
	•		84	City				85	Zip Co	de
				•			FL	1 1	•	
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was au	thorized by	the corporation	poration submits this sta on's board of directors.	ntement for the purp I hereby accept the	oose of appoir	changin ntment a	g its re is regi:	egistered stered
SIGNATURE							DATE			
	Signature, typed or printed name of registered agent and till OFFICERS AND DIF		13.	s signature require	d when reinstating)	ANGES TO OFFICE		D DIRE	CTOR	S IN 12
12.	DP OFFICERS AND DIF	DELETE	1.1 TITLE		ADDITIONS/OF	ANGLO TO OTTIO	_110 A11	Cha		Additio
ITLE									go	
AME .	BRANT, STEPHEN R		1.2 NAME							
TREET ADDRESS	602 GARRISON AVE.		1,3 STREE	ADDRESS						
ITY-ST-ZIP	PORT ST. JOE FL 32456		1.4 CITY-S	r-ZIP						
TILE	DV	☐ DELETE	2.1 TITLE					☐ Cha	nge	Addition
AME	JOHNSON, CRAIG E		2.2 NAME							
REET ADDRESS	2360 HAYES AVE.		2.3 STREET	ADDRESS						
TY-ST-ZIP	PORT ST. JOE FL 32456		2.4 CITY-5	T-ZIP						
TLE	DST	☐ DELETE	3.1 TITLE					Cha	nge	Additio
AME	BRANT, CHRISTOPHER S		3.2 NAME							
TREET ADDRESS.	345 POMPANO STREET		3.3 STREE	ADDRESS .						
ITY-ST-ZIP	PORT ST. JOE FL 32456	مياپ ليڪاد جي دي	3.4. CITY-5	τ-ZIP	·		_		• -	
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AME			5.2 NAME							
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TLE		☐ DELETE	6.1 TITLE			•		Cha	nge	☐ Addition
AME (			6.2 NAME							
TREET ADDRESS	•		6.3 STREE	ADDRESS						
			6.4 CITY-S	T. 7ID						

Country

Name

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execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all other like empawered. officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on a structure with an address with a structure of the corporation of the receiver or trustee empowered block 12 or Block 13 if changed, or on a structure of the corporation of the receiver or trustee empowered block 12 or Block 13 if changed, or on a structure of the corporation or the receiver or trustee empowered block 12 or Block 13 if changed, or on a structure of the corporation or the receiver or trustee empowered block 12 or Block 13 if changed, or on a structure of the corporation of the corporation or the receiver of the corporation of the corpor

SIGNATURE: